3	[*-	Substitute for Form PTO-875 EM								App	Application of Docket Humber		
		APPLICATION AS FILED - PART					Effective December 8, 2004				10/00 X		
	—		(Column 1)		(Column 2)		SMALL ENTITY				071		
	BASIC FEE	FOR		BERFLED			SMALL		NTITY	OR	SMA	ER THAN LL ENTITY	
	37 CFR 1 16	(37 CFR 1 16(4), (N) or (c))		N/A	NUMBER EXTRA		PATERI		FEE (I)	1		1	
	SEARCH FEE (37 CFR 1 16(4), (4), ox (my)		. NA				NA		150.00		RATE (S)	FEE (B)	
	EXAMINATION FEE (37 CFR 1 16(0), (p), or (q))		N/A		N/A		. NVA		\$250	1	NIA	300.00	
	I TOTAL CLA	10TAL CLAIMS (37 OFR 1 16(1) INDEPENDENT CLAUSE			N/A		NA	7	\$100) OR		\$500	
	HOEPENDE			minus 20 e			X\$ 25	1			N/A	\$200	
	137 CR 1 16(N)		If the singuishment		•		X100	+			X\$50 .		
	1 766	APPLICATION SIZE FEE (37 OFR 1 16(4))		If the specification and dra sheets of paper, the applic is \$250 (\$125 for small co		00		-			X200		
	(3) CFR 1 16(additional 50 shoots and entry) for each			1 1		- 1				
			35 U.S.C.	11(a)(1)(G) an	action thereof. Set $0.37 \text{CFR} 1.16(s)$.	e			- 1		·		
ĺ	MULTIPLE DE	PENDENT C	AIM PRESEN	IT (37 OFR 1.16	(i))	-11	+180=	- -		L			
	" If the different	If the difference in column 1 is less than zero, enter "O" in co				L	11001				+360*		
	A	APPLICATION AS ALIGN									TOTAL		
Ł	21/2	APPLICATION AS AMENDED - PART II									LOIAL L		
F	CLAIMS (Column 1) (Column 2) (Column 3)											. 1	
ľ	Z	REMA	INING	HIGHE	7 [SMALL RATE (\$)	ENTIT	· ·	OR 	OTHER T	HAN		
-	Total (37 CFR 1.164) Oldependent (31 CFR 1.164) Oldependent (31 CFR 1.164)	AMENE	MENT	PREVIO	NUMBER PRESENT PREVIOUSLY EXTRA PAID FOR				IOI- NAL	1 6	WITE (\$)		
	Of CFR 1.18(j) Minus Minus					1/		FEE	(1)	L		TIONAL	
	OI CFR 1.14h	DI CFR (.1an)					25 .		OR	XS	50 _	FEE (5)	
1:	Application :	Application Size Fee (37 CFR 1.16(s))					100 _		OR	X21		7	
-	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160)										1	
						101	80=		OR	+3	60=	$\rightarrow 1$	
(Column 1)						ADO	L FEE		OR	TOTA	L FEE		
		CLAIM REMAINE	5	(Column HIGHEST	2) (Cotumn 3)				·	~~	LFEE		
ENT	L ·	AFTER	1 .	NUMBER PREVIOUS	PRESENT	RA	TE (5)	ADDI-					
Œ	Total profe 1.16(1)	·	Minus	PAID FOR		L	1	TIONAL FEE (S)		RAT	E (3) A	DOI-	
8	dadependent Of CFR 1.16(1).	•	Minus	 		X\$	25 .	<u> </u>	7 .	410 = 1	——————————————————————————————————————	E (S)	
AMENDM		Fee (37 CF)		<u> </u>	1.	X10			OR	X\$50			
	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MIRTING TO								- OR	X200			
FURST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16(0)) +180=										1300			
TOTAL OR 1360:													
***	a the Highest No	umber Previou	then the entry	la column 2, wi	to W in column 2	ADDL	ŧε		OR .	TOTAL WO'L FE	E		
1	The Wint	ALIBRION	Sy Paid For II	M THIS OF	m was than 20, ente	r "20".			•		<u> </u>	-1	
· M	la amanus	was to stade the	of by 37 CCD	4.40	TSOUTH INDINGST OF	mber (~.	nd in the abo	nonnist	ahow to	•	•	·	
M 0.	Retried and a " "		12/13/10/01 tha		~~~	CD 4 4 4		ALLOHIT F	אמנעם שיא ד	terrine to	lo file food !		
To be process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application from you require to complete this form and/or suggestions for reducing like burden. See the public which is to file (and by the semant of time you require to complete this form and/or suggestions for reducing like burden, should be sent to the Individual case. Any commente RESS. SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SETS.													
The Chief Information Officer, U.S. Palent VA 22313-1450, DO NOT SEND FEES OR COMPLETED Officer, U.S. Palent													
		Myou.	nood assistant	ce in completing	the form, cell 1-800.	ernes.	v 13-7450,	•	•		· MWS 10 11	us .	
					1.440	• • 0-919	vides MARK	aalla-	n				

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.